



Packsac Smiles Organization

Volunteer Interest Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

How did you hear about Packsac Smiles Organization?

Which specific functions would you be interested in performing?
Please check all that apply.

(Each volunteer will only participate in one volunteer function per year).

- Shopping for the children ~ June/July
- Drop off night (1st check of backpacks) ~ July
- Quality Control (2nd check of backpacks) ~ Aug
- Delivery of backpacks to children ~ Aug

Suggestions

Please feel welcome to make any suggestions you feel will help the organization and it's efforts.

By signing below you agree that **Packsac Smiles Organization** can retain the information provided in a confidential file. The board members and volunteers of the organization may use the information periodically to send you information about volunteer positions available and to confirm your interest in participating.

Signature _____ Date _____

Thank you for your ongoing support and dedication to the Packsac Smiles Organization

P.S. we care

P.O. Box 893, North Bay, Ontario P1B 8K1